

Course/Training Registration Form

Instructions for Mail-in Registration:

Complete both sections of this form and mail to:

Office of Testing Services, Adult and Continuing Education & Technology and Training Center
 Delaware State University
 Thomasson Building, Room 100
 1200 N. DuPont Highway
 Dover DE, 19901-2277

Instructions for On-Site Registration:

Payment accepted via credit card
 (on-site, online, call-in at 302-857-7004 or email to eboakye@desu.edu)

Include your check or money order made payable to:

Delaware State University Adult & Continuing Ed Memo: (i.e. TSP, ACE, TTC, etc.)

Please include a **\$35.00** non-refundable registration fee.

PLEASE PRINT LEGIBLY. (DO NOT WRITE IN CURSIVE) * indicates required field

SECTION I – PERSONAL DATA		
*FIRST NAME:	*MIDDLE INITIAL:	*LAST NAME:
*ADDRESS/P.O.BOX:		
*CITY:	*STATE:	*ZIP CODE:
*LAST FOUR OF SOCIAL SECURITY # OR SOCIAL INSURANCE #:	*DATE OF BIRTH:	GENDER:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
*EMAIL ADDRESS:		PHONE NUMBER:
*OCCUPATION:		*JOB TITLE:
IF YOU ARE A DSU ALUMNI, STUDENT, STAFF MEMBER OR FACULTY, PLEASE PROVIDE YOUR D#:		
SECTION II – COURSE/TRAINING REGISTRATION		
*NAME OF COURSE/TRAINING:		
*WHAT IS THE START DATE OF COURSE/TRAINING?	*WHAT IS THE END DATE OF COURSE/TRAINING?	*WHEN WOULD YOU LIKE TO START COURSE/TRAINING?
*TYPE OF COURSE/TRAINING:		
<input type="checkbox"/> Face to Face	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Online
*COURSE/TRAINING OFFERED:		
<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends
*WHY ARE YOU CHOOSING TO TAKE THIS COURSE/TRAINING? (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Employability	<input type="checkbox"/> Upskilling	<input type="checkbox"/> Promotional/Professional Development
<input type="checkbox"/> New Job Training	<input type="checkbox"/> Career Transition	<input type="checkbox"/> Personal Enrichment

Participant's Signature

Date

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE		
CATEGORY OF COURSE	SUBCATEGORY OF COURSE	COURSE COST
DATE REGISTRATION RECEIVED	CHECK/MONEY ORDER #	PAID IN FULL?

